

COMMERCIALPERMIT APPLICATION

1. PROJECT INFORMATION						
Project Address:	Project Name / Description:					
Lot /	Block:	Subdivision /				Lot Size:
Tract:		Survey:				(sq. ft.)
TDLR Project #		Fire			Fire	
EABPRJ		Alarm: Yes	No		Sprinklered:	
Valuation		Construction		Use		Zoning:
of Job: \$		Type:	Group:			
Type of Work: New Shell Only Finish-Out Addition Alteration Demolition Other						
Water Supply: City Size of Water Service		Market W. II				Fire
	Meter Well				District:	
Sanitary Sewer:		tic If septic, attach Health Dept. p				Flood Hazard:
City Total Building	Area of		Numbe		epi. permii	Building
Area:	1 st Floor		Floors:	1 01		Height:
2. BUILDING OWNER INFORMATION						
Name:		Address:			City/State/Zip:	
Phone:		Fax:		Email:	Email:	
3. ARCHITECT / ENGINEER / DESIGNER INFORMATION						
Name:		Address:		City/State/Zip:		
Phone:		Fax:		Email:		
4. CONTRACTOR INFORMATION						
Name:		Address:		City/State/Zip:		
Phone:		Fax: Ema		Email:	il:	
5. PLEASE READ CAREFULLY						
 Be advised incomplete applications may be rejected, denied or cause permit processing delays. Has an Asbestos Survey/Certification Form been provided? Yes No NR (attach documentation) Has a Bond Form been provided? Yes No NR (attach documentation) This permit becomes null and void if work authorized is not commenced within 180 days of issuance or if work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I am the property owner or their authorized agent, and have the owner's consent to apply for the permit requested and receive all subsequent communications and business related to this application. I further certify that the information provided is true and correct to the best of my knowledge. This work shall comply with all provisions of laws and ordinances, whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal, state or local law regulating construction or the performance of construction. Signature of Applicant: Date: 						
Email:		Fax	:			

Ver: 8/30/10